

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

**Caption in Compliance with D.N.J. LBR 9004-1(b)**  
*[Enter your name, address and phone number]*

JONATHAN C. SCOTT P.C.  
2200 Ross Avenue, Suite 4900W  
Dallas, Texas 75201  
(214) 999-2901  
jonathan@jcscottpc.com

LAW OFFICES OF GABRIEL DEL VIRGINIA  
30 Wall Street, 12th Floor  
New York, New York 10005  
Tel: 212-371-5478  
gabriel.delvirginia@verizon.net  
Gabriel Del Virginia, Esq.  
Counsel for Vista Food Exchange, Inc.

**In Re:**  
*[Enter the debtor's name(s)]*

SIMON SZEKIT LAW  
DEBTOR

Case No.: 2-23-BK-19542  
*[Enter the case number]*

Chapter: Chapter 11  
*[Enter the chapter of the case]*

Hearing Date: 3/26/2024  
*[Enter the hearing date]*

Judge: Honorable Stacey L. Meisel  
*[Enter the Judge's last name]*

**CERTIFICATION OF SERVICE**

1. I, Jonathan C. Scott :

represent Vista Food Exchange, Inc. in this matter.

am the secretary/paralegal for \_\_\_\_\_, who represents \_\_\_\_\_ in this matter.

am the \_\_\_\_\_ in this case and am representing myself.

2. On *[Enter the date you served the documents]* 3/4/2024, I sent a copy of the following pleadings and/or documents to the parties listed in the chart below.  
*[Place a check next to each document you served]*

Notice of Motion *[Enter title of motion]* \_\_\_\_\_

Certification in Support of Motion *[Enter title of motion]* Motion for 2004 Examination \_\_\_\_\_

Statement as to Why No Brief is Necessary

Proposed Order Granting Motion *[Enter title of motion]* \_\_\_\_\_  
\_\_\_\_\_

Other *[Enter title of document]* \_\_\_\_\_  
\_\_\_\_\_

3. I certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Date: 3/4/2024  
*[Enter the date you signed this document]*

*Jonathan C. Scott*  
\_\_\_\_\_  
Signature *[Of the person who served the documents]*

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
<p>[Enter the name and address of the party you served]</p> <p>Jenee K. Ciccarelli Ciccarelli Law, PC 239 New Road Building, A, Suite 301 Parsippany, NJ 07054-5612</p>	<p>[Enter the party's relationship to the case]</p> <p>Counsel</p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input checked="" type="checkbox"/> Other ECF</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p>[Enter the name and address of the party you served]</p> <p>US Trustee US Department of Justice Office of the US Trustee One Newark Center, Suite 2100 Newark, NJ 07102-5235</p>	<p>[Enter the party's relationship to the case]</p> <p>US Trustee</p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input checked="" type="checkbox"/> Other ECF</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p>[Enter the name and address of the party you served]</p> <p>Manager/President 145 Irvington Realty, LLC 145 40th Street Irvington, NJ 07111</p>	<p>[Enter the party's relationship to the case]</p> <p>Subject of Rule 2004 Examination</p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p>[Enter the name and address of the party you served]</p> <p>Manager/President SDJ Trading, Inc. 145 40th Street Irvington, NJ 07111</p>	<p>[Enter the party's relationship to the case]</p> <p>Subject of Rule 2004 Examination</p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p>[Enter the name and address of the party you served]</p> <p>Manager/President Rosenberg Rick Baker Berman, P.A. 265 Davidson Avenue, Suite 210 Somerset, NJ 08873</p>	<p>[Enter the party's relationship to the case]</p> <p>Subject of Rule 2004 Examination</p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>

<b>Name and Address of Party Served</b>	<b>Relationship of Party to the Case</b>	<b>Mode of Service</b>
<i>[Enter the name and address of the party you served]</i>  Lawson Foods, LLC 145 40th Street Irvington, NJ 07111	<i>[Enter the party's relationship to the case]</i>  Subject of Rule 2004 Examination	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input checked="" type="checkbox"/> Other <u>email to their SDNY attorney</u>  (As authorized by the court or rule. Cite the rule if applicable.)
<i>[Enter the name and address of the party you served]</i>	<i>[Enter the party's relationship to the case]</i>	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input type="checkbox"/> Other _____  (As authorized by the court or rule. Cite the rule if applicable.)
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